Danville Science Center Planned Giving Notification Form

To formalize your future legacy gift, the Danville Science Center requests written documentation of your intention. It is useful, but not mandatory, for the Science Center to receive a copy of the relevant section(s) of your plan. Please include only the information you are comfortable sharing.

Your gift intention is non-binding, will be kept confidential and will be recognized only with your approval.

Donor Information

Name:	
Spouse name (if applicable):	
Address:	
City:	
State:	
Birthdate:	
Phone:	

Legacy Giving Society

We are pleased to recognize you as a member of the Constellation Society on our Giving Wall, in our annual report and in other materials. Please indicate your recognition preference below.

Please recognize me/us as: ____

Please do not recognize me/us. I/we prefer to remain anonymous.

Bequest Information

The Danville Science Center is named as a beneficiary of (check all that apply):

Sections of my/our will or trust	
Retirement account/plan*	
Life insurance policy	
Investment or financial account*	
Other:	
If you are willing to share, please include the current e	stimated value of the asset(s):

Signature: ____

____ Date: __

Spouse signature (if applicable): _____

_____ Date: ___

Thank you for your continued support of STEM learning and for sharing your plans with us.



Please return this form to Director of Advancement Molly Humphries at mhumphries@smv.org or by using the mailing address listed below.

Danville Science Center, Inc. • PO Box 167, Danville, VA 24543

*Please note: many firms do not contact beneficiaries when the account holder is deceased. If you designate the Danville Science Center as a beneficiary of any account not covered by your will, please notify the Science Center so we are aware of the designation and able to claim the assets.